

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: December 21, 2001  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art::  
CD-ROM or CD-R?:: None  
Number of CDs::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?:: No  
Number of Copies of CRF::  
Title:: Machinable Preformed Calcium Phosphate  
Title:: Bone Substitute Material Implants  
Attorney Docket Number:: 112430.121  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1B  
Total Drawing Sheets:: 6  
Small Entity?:: Yes  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency:: No  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Aliassghar  
Middle Name:: N.  
Family Name:: Tofighi  
City of Residence:: Waltham  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 25 Wilson Road  
City of Mailing Address:: Waltham  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02452-8411

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michele  
Middle Name::  
Family Name:: Krause  
City of Residence:: Wayne  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of Mailing Address:: 39 Beech Terrace  
City of Mailing Address:: Wayne  
State or Province of Mailing Address:: NJ  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 07470-5020

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dosuk  
Middle Name:: D.  
Family Name:: Lee  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 75 Lee Street  
City of Mailing Address:: Brookline  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02445-5912

### **Correspondence Information**

Correspondence Customer Number:: 23483  
Phone Number:: 617-526-6000  
Fax Number:: 617-526-5000  
E-Mail Address::

### **Representative Information**

Representative Customer Number:: 23483

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name:: Etex Corporation  
Street of Mailing Address:: 350 Massachusetts Avenue  
City of Mailing Address:: Cambridge  
State of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02139-4182

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